

Liberty Evangelical Free Church
684 198th Avenue Pella, IA 50219 641-628-1980
www.libertyefree.org

Date: _____

Trip Code: _____

Mission Trip Application Form:

Name: _____ Age: _____ Birth date: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Church: _____ Church Phone: _____

Allergies: _____

Current Medications: _____

Doctor's Name: _____ Doctor's Phone #: _____ Last Tetanus Shot: _____

Person to contact in emergency: _____ Phone #: _____

Relationship of this person to applicant: _____ Alternate Phone #: _____

Liberty Evangelical Free Church Ministries seek to partner with you in: **“Sharing Christ through God’s Word, Prayer, and Relationships”**. How do you believe this trip will help accomplish that purpose?

We believe in equipping people to serve God **locally**, **regionally**, **nationally**, and **globally**. Circle one of those four areas that you believe this trip will be serving.

List other ministries in which you have served: Locally: _____

Regionally: _____ Nationally: _____

Globally: _____

Will you be raising funds for: All of the trip ____ Part of the trip ____ None of the trip ____?

How much money are you planning to spend? _____

How many people will you personally ask, by letter, to specifically pray for you on this trip? _____

When do you plan to send out a prayer letter inviting people to support you? _____

What specifically do you want this church to do for you to prepare you for this trip?

